Name in Full: Allen X

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Lake Park; County: Garrett

Date of death: Month: Aug; Day: 24; 1904

Age: Years: 5; Months: —; Days: —

Sex: Girl; Color or Race: White; Birthplace: Md

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: J. P. Allen; Father's Birthplace: —

Mother's Maiden Name: McLemmie or Pinkbaugh; Mother's Birthplace: Md

Name of person giving In formation: —; How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Diphtheria; How long: 4 days

Immediate: do; How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. E. Hineburgh M.D.

Address: Oakland

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Kenwood Allen

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Lowe Post — County: Garrett

Date of death: Month: Aug — Day: 30 — 190 4

Age: Years: 9 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Cumb'd Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: J P Allen — Father's Birthplace:

Mother's Maiden Name: Miss McCormick — Mother's Birthplace:

Name of person giving information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Diphtheria — How long: 4 days

Immediate: Diphtheria — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. C. Hamilton

Address: Oakland Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Williams A. Coddington

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Friendsville; County: Garrett

Date of death 1904: Month: Aug.; Day: 15th; Age: Years: 81; Months; Days

Sex: Male; Color or Race: White; Birthplace: Maryland

Married, Single or Widowed: Widowed; Occupation: Farmer

Name of Wife or Husband:

Father's Name: Joseph Coddington; Father's Birthplace:

Mother's Maiden Name: don't know; Mother's Birthplace:

Name of person giving In formation: M. E. Frazer; How related to deceased: No. relation

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: old age; How long: about 10 days

Immediate: How long:

PHYSICIAN OR CORONER.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: M E Frazee undertaker

Address: Friendsville Md

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full: Hirem Fike

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Kendal — County: Garrett

Date of death 1904 — Month: aug — Day: 27 — Age — Years: — Months: 2 — Days: —

Sex: Male — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Francis Fike — Father's Birthplace: Md

Mother's Maiden Name: Lillie Van Sickle — Mother's Birthplace: Md

Name of person giving information: Franers Fike — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 2 weeks

Immediate: — How long: " "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: S. Savage Undertaker

Address: Friendsville Md

Accident or Suicide? —

No Physician Attendance

LIBRARY BUREAU A65816

Name in Full: Foster Fowler X

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Oakland — County: Garrett

Date of death 1904 — Month: Aug — Day: 24 — Age — Years: 2 — Months: 4 — Days: —

Sex: Boy — Color or Race: White — Birthplace: Md

Occupation: — — Where Residing if not at place of death: —

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: single — Name of Wife or Husband: —

Father's Name: Foster Fowler — Father's Birthplace: Md

Mother's Maiden Name: — — Mother's Birthplace:

Name of person giving information: M. L. Hamborg — How related to deceased:

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteric Colitis — How long: 3 days

Immediate: " — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: M. L. Hamborg Jr. M.D.

Address: Oakland Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Mrs Luther Heymann

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mt Lakefork — County: Garrett

Date of death: Month: Aug — Day: 15 — Year: 1904 — Age: 76 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: W Va

Occupation: Housewife — Where Residing if not at place of death: —

Married, Single or Widowed: widowed — Name of Wife or Husband: Mrs Luther Heymann

Father's Name: — — Father's Birthplace: W Va

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Information: — — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Asthenia — How long: several months

Immediate: — — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H W McComas

Address: Oakland

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Ellen Hill X

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Friendsville — County: Garrett

Date of death 1904 — Month: august — Day: 2 — Age — Years: 64 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: widow — Occupation: House keeper

Name of Wife or Husband —

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Anna Torr — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 2 Wks

Immediate: Heart Failure — How long

Are the neme,ege,sex,color.date and place correctly given ebove? yes

Signature of Physician: A. Mason

Address: Friendsville Md.

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: Alice Johnson ✕

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hutton — County: Garrett

Date of death: Month: Aug — Day: 22 — Age: Years: — Months: 5 — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Md

Occupation: — — Where Residing if not at place of death:

Married, Single or Widowed: — — Name of Wife or Husband:

Father's Name: A J Johnson — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving In formation: A J Johnson — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholera infantum — How long:

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J E Johnson

Address: Hutton

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Charlotte Kemp

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Bloomington | County: Garrett

Date of death: Month: 8 | Day: 17 | 1904

Age: Years: 76 | Months: 1 | Days: 15

Sex: Female | Color or Race: White | Birthplace: Md

Occupation: ✓ | Where Residing if not at place of death: Bloomington

Married, Single or Widowed: Widow | Name of Wife or Husband: Eulice Kemp Dead

Father's Name: John McKee | Father's Birthplace: Md.

Mother's Maiden Name: Sarah " | Mother's Birthplace: Md

Name of person giving information: H. M. Kemp | How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis | How long: 8 Mos —

Immediate: | How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. H. M. Kemp.

Address: Bloomington Maryland.

Accident or Suicide?

LIBRARY BUREAU A89516

Name in Full: M McCrobie

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Oakland md — County: Garrett

Date of death: Month: Aug — Day: 31 — Years: Age 7 — Months: 5 — Days:

Sex: Female — Color or Race: White — Birthplace: md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Dora McCrobie — Father's Birthplace: md

Mother's Maiden Name: Rebecca McCrobie — Mother's Birthplace: md

Name of person giving Information: Dora McCrobie — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteric Fever — How long: 1 month

Immediate: " — How long: "

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: M. C. Hinebaugh

Address: Oakland md

~~Accident or Suicide~~?

LIBRARY BUREAU A88516

Name in Full: John F Sanders X

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Swan meadows — Town — Garrett — County

Date of death: 1904 — Month: Aug — Day: 17

Age: Years: 75 — Months: — Days: —

Sex: Male

Color or Race: White

Birthplace: Germany

Occupation: Farmer

Where Residing if not at place of death: —

Married, Single or Widowed: Married

Name of Wife or Husband: —

Father's Name: —

Father's Birthplace: —

Mother's Maiden Name: —

Mother's Birthplace: —

Name of person giving Information: Mrs Walmsley

How related to deceased: daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy

How long: a few hours only

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: M C Hambaugh M.D.

Address: Oakland

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full

Nellie M. Sanders

Certificate of Death

Town: Summerside | County: Garrett | MARYLAND

Died at Summerside — Garrett — MARYLAND

Date 1904 — Month: August — Day: 29 | Age: Y. 2 M. 3 D. 26 | Native of: Garrett Co | Occupation: Infant

~~White~~ / ~~Female~~ | ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / Widower | ~~Divorced~~ / Number of children living: 2

Husband of Wife

Father's Name: Jakie Sanders

Mother's Maiden Name: Maggie Walsh

Cause of Death — Primary: Pertussis

Immediate: Pneumonia

How long sick

Accident, Suicide, Homicide

Reported by: J. Gilbert Selby

Address: Eglon W Va

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Catherine Schrack

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Bethesda — County: Gorrett

Date of death 1907 — Month: Aug — Day: 13 — Age — Years: 35 — Months: 10 — Days: 11

Sex: female — Color or Race: white — Birthplace: Germany

Occupation: house wife — Where Residing if not at place of death: Bethesda

Married, Single or Widowed: married — Name of Wife or Husband: John Schrack

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving In formation: John Schrack — How related to deceased: husband

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

Primary: Confinement — How long

Immediate: Acute Peritonitis Puerperal — How long: 6 hours

PHYSICIAN. OR CORONER

Are the name, age, sex, color. date and place correctly given above? yes

Signature of Physician: H. P. Bayne

Address: Accident Md

Accident or Suicide?

LIBRARY BUREAU A6661G

Name in Full: Infant

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Friendsville — County: Garrett

Date of death 1904 — Month: August — Day: 28

Age — Years: Still Born — Months: — Days: —

Sex: Male

Color or Race: White

Birthplace: Maryland

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

Father's Name: A. R. Selby — Father's Birthplace: Md

Mother's Maiden Name: Lulu P Biddle — Mother's Birthplace: Mo

Name of person giving In formation: A. R Selby — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still Born S. — How long: —

Immediate: 11 11 — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H Mason

Address: Friendsville md

Accident or Suicide? —

LIBRARY BUREAU A62816

Name in Full: Mary Skipper ×

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: near Sunkenwell's — County: Garrett

Date of death 1904: Month: Aug — Day: 13 — Age: Years: 1 — Months: 4 — Days:

Sex: Girl — Color or Race: White — Birthplace: Md

Occupation: none — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Marshall Skipper — Father's Birthplace: Md

Mother's Maiden Name: Anna Seibold — Mother's Birthplace: Md

Name of person giving information: Charles Skipper — How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Convulsions — How long: a few hours

Immediate: — — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Edd Sims Skipper

Address: Mt Pleasant Ch

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Mary Anna Spicker

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Accident — County: Garrett

TO BE ANSWERED BY NEAREST FRIEND

Date of death: Month: Aug — Day: 5 — 1904

Age: Years: 73 — Months: 4 — Days: 16

Sex: Female — Color or Race: White — Birthplace: Garrett Co

Occupation: housewife — Where Residing if not at place of death: Accident

Married, Single or Widowed: widowed — Name of Wife or Husband:

Father's Name: Jonathan Frantz — Father's Birthplace: Pennsylvania

Mother's Maiden Name: Barbara Fuget — Mother's Birthplace: Pennsylvania

Name of person giving information: C C Spicker — How related to deceased: Son.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility — How long:

Immediate: Nephritis & probably — How long: 2 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W H Boyer MD

Address: Accident Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Baby Stockett ×

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Cecilton Md — County: Cecil

Date of death 1904 — Month: aug — Day: 21 — Years: Age — Months: 3 — Days:

Sex: Female — Color or Race: white — Birthplace: Cecilton Md

Occupation: ✓ — Where Residing if not at place of death:

Married, Single or Widowed: ✓ — Name of Wife or Husband:

Father's Name: John Stockett — Father's Birthplace: Va

Mother's Maiden Name: Cora Feathers — Mother's Birthplace: Md

Name of person giving information: ✓ — How related to deceased: ✓

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Meningitis — How long: 2 days

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J E Leggett

Address: Cecilton Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Nelson Swartzer

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Swanton — County: Garrett

Date of death — Month: Aug — Day: 13 — 1904

Age — Years: 2 — Months: — — Days: —

Sex: Boy

Color or Race: White

Birthplace: Swanton Md

Occupation: none

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: Benjamin Swartzer Jr

Father's Birthplace: Md

Mother's Maiden Name: Mary Lefler

Mother's Birthplace: Md

Name of person giving information: C M Miller

How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera infantum — How long: one week

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr Swingley

Address: Deer Park

Accident or Suicide?

LIBRARY BUREAU A66016

Name in Full: Baby Wilhelm X

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: New Hutton — County: Garrett

Date of death: Month: Aug — Day: 17 — Year: 1904

Age: Years: — Months: — Days: 10

Sex: Boy — Color or Race: White — Birthplace: Md

Occupation: — Where Residing if not at place of death: Nine

Married, Single or Widowed: Single — Name of Wife or Husband: No husband

Father's Name: Don't Know — Father's Birthplace: —

Mother's Maiden Name: Mrs Wilhelm — Mother's Birthplace: —

Name of person giving information: M Kissner — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Stomach trouble — How long: 2 days

Immediate: — — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Ma J Kissner

Address: Hutton Md

Accident or Suicide?

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LIBRARY BUREAU A66016